

VERIFICATION OF CALIBRATION REPORT

Of Data-Master cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

dps.scdl.toxicology@alaska.gov

FEB 23 2011
3/18/11

Data-Master cdm S/N: 130296

Supervisor/Operator Performing the Verification Procedure:

Name John J. Waldron ID: # 3392 Date: 02/16/11

A.

Agency Unalaska Department of Public Safety Phone 907-581-1233

Instrument Location Unalaska Department of Public Safety, PO Box 370, 29 Safety Way, Unalaska, AK 99685

Alco S/N: 77198 Target Value: .079 High Pressure: 1200

B.

Alco Test Values

.083

.084

1st Test Value

2nd Test Value

Signature

(OVER)

(Do not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

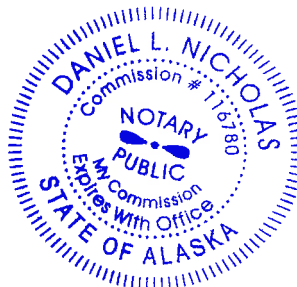
- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz
Scientific Director
State Breath Alcohol Program

Subscribed and sworn before me this 18th day of MAR, 2011.

Daniel L. Nicholas
Notary Public, State of Alaska
Commission Expires with Office

(Notary Seal Stamp)



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Of Data-Master cdm Breath Test Instrument
State of Alaska
Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

Data-Master cdm S/N: 130296

Supervisor/Operator & Number Performing the Verification Procedure: John J. Waldron, #3392
Department and Date: Unalaska DPS

(CONTINUED FROM FRONT PAGE)

**C. TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE
DIAGNOSTIC CHECK IN THE MARKED BOXES.**

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130296

FEBRUARY 16, 2011

OPERATOR'S NAME:

WALDRON/JOHN/J

OPERATOR'S NUMBER: 3392

SUBJECT'S LAST NAME:

UIC

SUBJECT'S FIRST NAME/MI :

UIC

O.L. #: 0123456789

DEPT/AGENCY: UNK1

CASE/REPORT: 11-00000

TEST TYPE: U

ALCO TARGET VALUE: .079

ALCO S/N: 77198

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 30.55 in		
ALCO TARGET	.000	01:14
BLANK TEST	.000	01:15
INTERNAL STANDARD	VERIFIED	01:16
ALCO TO 30.56 in	.003	01:16
BLANK TEST	.000	01:17
SUBJECT SAMPLE	.000	01:17
BLANK TEST	.000	01:18
ALCO TO 30.56 in	.004	01:19
BLANK TEST	.000	01:19

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130296

FEBRUARY 16, 2011

TIME 01:21

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 48c

BREATH TUBE: 40c

BAROMETER: 30.56 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%&'()*+,-./0123456789:;<=>?@ABCDEF6
HIJKLMNPQRS TUUVWXYZ\]^_`abcdefgijklmno
pqrstuvwxyz{|}~